vation is no longer acceptable. They have also been described in myopathic diseases as well as in the conditions described here.

The significance of these findings is that the practice of using the word "denervation" or "denervation potentials" in the EMG report to indicate that fibrillation potentials were observed should be discouraged. The fact that fibrillation potentials are always abnormal is not questioned, however, we should report only that fibrillation potentials were found and the pattern or distribution in which they were found. The final conclusion as to whether or not they represent denervation is based on: (1) the distribution of the abnormal findings, (2) the characteristics of the voluntary potentials, and (3) clinical observations.

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Treatment for Bell's Palsy

IN THE MANAGEMENT of Bell's palsy there is controversy as to (1) reliable assessment of prognosis and (2) effectiveness of proposed "curative" treatment regimens. To place these issues in proper perspective, one must understand three variations of the natural course of the process. The majority of patients (65 to 85 percent) *recover fully* within a few weeks to approximately two months *without therapeutic intervention.* Of the remaining patients, approximately one-half experience partial nerve regeneration which delays adequate recovery to between two and six months. The remainder, or approximately ten percent of the total number, experience either slow recovery or else a recovery that is cosmetically unsatisfactory because nerve regeneration is insufficient to restore the denervated muscle fibers.

Valid criteria for assessing prognosis and actual degree of risk of nerve degeneration should be the basis for selecting patients for "curative" treatment.[4] This would avoid treating many persons unnecessarily and would be effective in protecting those at greatest risk from unsatisfactory cosmetic results.

One method of selection being studied is the use of electromyography to distinguish partially paralyzed from totally paralyzed facial muscles. Daily examination after onset serves to define the completeness of the palsy during the process and hence the risk of nerve degeneration. Additionally, response to high-dose prednisone or any other treatment is noted day to day as a measure of effectiveness.

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New Prosthetic Appliance

A NEW DEVICE called the modular above-knee prosthetic appliance has been developed at Bellevue Hospital, New York City. It consists of an above-knee prosthetic attachment with a quadrilateral socket that contains an inflatable plastic pad to accommodate immediate post-operative fitting of any stump. This modular device has the advantage of avoiding undue delay in ambulation for a debilitated geriatric patient while waiting for the preparation of a conventional prosthetic limb. It provides a well-fitting socket to assure comfort; it can be mass produced and the "modular" component may be shipped to remote areas where prosthetists are not available.

GREGORY BARD, MD

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PICA Test for Aphasia

APHASIA RESULTING from a cerebral vascular accident may cause considerable frustration and depression for the patient, as well as for the family. In the past, instruments to evaluate the disability, to predict recovery and to assess progress were imprecise, tended to be subjective and were difficult to interpret. Furthermore, it was difficult to determine when the patient had reached his maximum potential.

The Porch Index of Communicative Ability